

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

(A)

PLAINTIFF  
RONNIE DANIELS - #2007-0064180COURT CASE NUMBER  
08 C 1727

08cv1727

DEFENDANT  
CHICAGO POLICE DEPARTMENT, ETALTYPE OF PROCESS  
SUMMONS & COMPLAINT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**SERVE** { POLICE OFFICER SIMON , BADGE #18864 - CHICAGO POLICE DEPARTMENT

**AT** { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

3510 SOUTH MICHIGAN AVENUE CHICAGO, IL 60653, ClO Supr. of Subpoenas

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be served with this Form 285

1

RONNIE DANIELS - #2007-0064180  
COOK COUNTY JAIL  
P.O. BOX 089002  
CHICAGO, IL 60608

Number of parties to be served in this case

7

Check for service on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

FILED

Jul 14, 2008  
JUL 14 2008 YM

Fold

Signature of Attorney other Originator requesting service on behalf of:

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT
 PLAINTIFF  
 DEFENDANT
 

DATE

06-10-08

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>1 of 8</b>	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk <b>R.T.</b>	Date <b>06-10-08</b>
---	--------------------------------	------------------------------	-----------------------------	---	-------------------------

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <b>Uncont Catto Legal</b>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date <b>6/10/08</b>	Time <b>2:53</b> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <b>J. J. D.</b>		

Service Fee <b>48.00</b>	Total Mileage Charges including endevours <b>5.84</b>	Forwarding Fee <b>0</b>	Total Charges <b>53.34</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>53.34</b>
-----------------------------	--	----------------------------	-------------------------------	------------------------------	---

REMARKS:  
**1 @ USM 1 Hour 11 miles**

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED